## SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Public Employer:	Franklin Borough	Board of Education	on	County: Sussex		
Employee Organization	Franklin Education Association				Employees in Unit: 85	
Base Year Contract Term:	6/30/2015 New Contract Term 7/1/2015					
Type of Settlement:	☐ Medialed Settlement ☐ Fact-Finder Recommendation				Voluntary Settlement	Super Conciliation
					Tolarely contensor	capar conditions
			Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)	
Section II: Economic						
Item 1 Sal	ary	_	\$3,858,166		\$3,978,143	
	ement	_				
	gevity	_	\$12,800		\$22,300	
Item 4			ļ <del></del>			
Item 5		_				
Ilem 6		_				<del></del>
Item 7						
Item 8		_				
Item 9			ļ		·	
llem 10		_	l			
item 11		_				
Any additional items list on separate sh		_	-			
Any administration as the selection as		Additional items				
Section III: Totals - Sum of costs in each column			\$3,870,966		\$4,000,443	
			(Total)		(Total)	
			,		,·- <b>-</b> ,	
Section IV: Analysis of new success	OF Orthodoxed		NEWAGRE	EMENT ANALYSIS		
Total Base Year(previous agreement)			MEN AUNE	LINEAT ANALISIS		
	\$3,870,966					
Effective Date (m/d/yyyy)		7/1/2015	7/1/2016	7/1/2017		
Fercent Increase		2%	2%	2%		
Total cost of increase		\$129,477	\$80,009	\$81,609		
Total base salary (successor agreement	)	\$4,000,443	\$4,080,452	\$4,162,061		
ection V: Impact of Settlem	ent - average annual inc	crease over term of a	greement			
Percentage Impact (average per year or	er term of agreement)	2.00				
Dollar Impact (average per year over ter	m of agreement)	597,032.00	-			
ection VI						
Health Insurance (Indicate costs associa	ited on each fine)	***************************************				
Mark the second		Saxe Year	Year t			
Cost of Health Flan		\$1,050,178	\$1,050,178			
Employee Contributions		\$132,914	\$207,983			
Emernetica			-			
		\$102,356	574,312			
Dental						
Dental						
Dental		s are true and is awa	ere that if any of the i	oregoing ilems are false	s/he is subject to punisme	ent.
Dental		s are true and is awa	ere that if any of the i	oregoing items are false	e, s/he is subject to punisme	en <u>t</u>
Dental Vision The undersigned certifies the		*	ere that if any of the i	oregoing items are false	e, s/he is subject to punisme Business Adminis	_
Prescrition  Union  The undersigned certifies the ection VII  Prepared by:	at the foregoing ligure	*	ere that if any of the i			_

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning  $\frac{7}{1}$ 015 thru  $\frac{6}{30}$ 2018.

Employer: Franklin Borough Board of Education

County: Sussex

Date: 5/18/2016

Name: William J. Sabo

Print Name

Title: Business Admin/Bd Sect'y